

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

02 - 001

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.105(b)

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$500,000

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 44

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

No TN. number on page currently in the State Plan

10. SUBJECT OF AMENDMENT:

Consultative services for health facilities

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: The Governor's Office does not wish to review State Plan amendments

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Gail Margolis*

13. TYPED NAME:

Gail L. Margolis

14. TITLE:

Deputy Director, Medical Care Services

15. DATE SUBMITTED:

4/8/02

16. RETURN TO:

Department of Health Services  
Attn: State Plan Coordinator  
714 P Street, Room 1640  
Sacramento, CA 95814

17. DATE RECEIVED:

April 8, 2002

18. DATE APPROVED:

*June 7, 2002*

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001 <sup>PD</sup>

20. SIGNATURE OF REGIONAL OFFICIAL:

*Linda Minamoto*

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Revision: HCFA-AT-80-38 (BPP)

State California

Citation

42 CFR 431.105 (b)  
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105(b)
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105(b)



Yes, as listed below:

Any licensed facility requesting consultative services to the extent the Department is budgeted to provide such services.



Not applicable. Similar services are not provided to other types of medical facilities.

TN # 02-001

Supersedes

No TN No. on  
current SP page

Approval Date JUN -7 2002

Effective Date JUL 1 2001